

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

22922 7590 09/29/2006

REINHART BOERNER VAN DEUREN S.C.
ATTN: LINDA KASULKE, DOCKET COORDINATOR
1000 NORTH WATER STREET
SUITE 2100
MILWAUKEE, WI 53202

01/04/2007 RMEBRAH1 00000029 180882 10616863

01 FC:1501

1400.00 DA

02 AF:15A4

ITION NO. 300.00 DA

03 FE:0001

45.00 DA

10/616,863

07/10/2003

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

Peter J. Manghera

(Depositor's name)

Peter J. Manghera

(Signature)

December 28, 2006

(Date)

TITLE OF INVENTION: DEFECT INSPECTION OF EXTREME ULTRAVIOLET LITHOGRAPHY MASKS AND THE LIKE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/29/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
YOUNG, CHRISTOPHER G	1756	430-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

Reinhart Boerner

Van Deuren s.c.

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

1 _____

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Wisconsin Alumni Research
Foundation

Madison, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee

A check is enclosed.

Publication Fee (No small entity discount permitted)

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies 15

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0882 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Peter J. Manghera

Date December 28, 2006

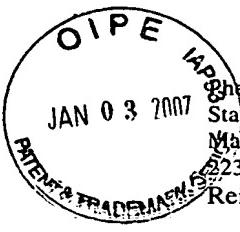
Typed or printed name

Peter J. Manghera

Registration No. 40,080

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail with sufficient postage addressed to Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 28, 2006.

Reinhart Boerner Van Deuren s.c.

By:

Peter J. Manghera

Date: December 28, 2006

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

GROUP ART UNIT: 1756

EXAMINER: Christopher G. Young

In re application of)
Francesco Cerrina.)
)
Application No: 10/616,863)
)
Filed: 07/10/2003)
)
Confirmation No.:1476)
)
Attorney Docket No. 7151)
)
Customer No. 22922)

For: DEFECT INSPECTION OF
EXTREME ULTRAVIOLET
LITHOGRAPHY MASKS AND
THE LIKE

MAIL STOP ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

December 28, 2006

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 CFR 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.

2. Fee (37 CFR 1.18(a) and (b))

Application status is:

		<u>Regular</u>	<u>Design</u>
<input type="checkbox"/> small business entity-fee	[]	\$700.00	[] \$400.00
<input checked="" type="checkbox"/> other than a small entity - fee	[X]	\$1,400.00	[] \$800.00
<input checked="" type="checkbox"/> publication fee	[X]	\$300.00	

3. Payment of fee

- Enclosed please find a check in the sum of \$_____
- Charge Account _____ for any fee deficiency.
- Charge Account 18-0882 the sum of \$1745.00 for the above issue fee,
publication fee, and fifteen (15) copies of the patent as issued
A duplicate of this request is attached.

Reg. No.: 40,080.
Tel. No.: (608) 229-2298


Peter J. Manghera
Peter J. Manghera
Reinhart Boerner Van Deuren s.c.
Attn: Linda Gabriel, Docket Clerk
1000 N. Water Street, Suite 2100
Milwaukee, WI 53202

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEES TRANSMITTAL
for FY 2006** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**(\$)
1745.00**Complete If Known**

Application Number	10/616,863
Filing Date	07/10/2003
First Named Inventor	Francesco Cerrina
Examiner Name	Christopher G. Young
Art Unit	1756
Attorney Docket No.	7151

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) : _____

Deposit Account Deposit Account Number: 18-0882 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

Under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
-20 or HP=	x	=	_____	50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180
- 3 or HP=	x	=	_____		
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	_____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Issue Fee (\$1400) Publication Fee (\$300) Patent Copies (\$45)

1745.00

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent)

40,080

Telephone

608-229-2228

Name (Print/Type)

Peter J. Manghera

Date

December 28, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.